

Chapter 5

Health Care Policies and Information

This chapter discusses policies and information concerning health care of IMSs and their family members. Questions addressing health care policy will be sent to the appropriate MILDEP desk officer.

A. Policies

1. Chapters 10 of both the SAMM and the JSAT prohibit the use of the SATP for the sole purpose of obtaining medical care for IMS or family members. There have been occasions when:
 - a. An IMS has reported to a medical treatment facility prior to the start of training for corrective medical treatment or procedures of a pre-existing condition; and
 - b. A family member has been immediately taken to the MTF for extensive medical care not available or cost prohibitive in the IMS's home country and the IMS had no means to pay for the care. Preventive measures should be established to prevent occurrences of this type and that the IMS is fully briefed on his/her financial responsibility for medical care of family members.
2. Paragraph 10-46a and b of the JSAT requires medical certification that IMS and family members have received physical examinations and is free of communicable diseases. It is imperative that this certification is received prior to issuance of the ITO or authorizing family members on the ITO. There have been occurrences of whole families arriving with infectious tuberculosis. Occasionally students have been diagnosed as HIV positive. There have also been occasions when minor family members had congenital conditions that required more than normal and usual care. IMSs need to be made aware that care other than normal and usual care may have to be obtained from civilian sources at a considerable expense to the IMS.
3. Paragraph 10-46a also requires certification from a competent dental authority for IMSs. There have been occasions when IMSs have reported with extensive pre-existing dental problems and it was evident that the appropriate dental examination had not been effected. Country is responsible for ensuring IMSs sent to the United States for training are in good physical (which includes dental) and mental health.
4. Paragraph 10-46a requires that medical or dental defects that exist, but will not interfere with training, will be listed, i.e. diabetes, cardiac condition, metabolic disorder, prosthetics, etc. The importance of this cannot be stress enough. One diabetic IMSs died due to complications of the chicken pox. The orders were not annotated and the treating physician was not aware of the diabetes. Another IMS died due to a heart attack in the first two weeks of training. Again the ITO was not annotated to show a cardiac condition.
5. Orders should also be annotated to list any medications to which the IMS is allergic, as well as any required medications.

B. Health Care Information

1. Reciprocal Agreements
 - a. The DoD has fewer medical treatment facilities due to the downsizing of the military. Many of our Senior Services Schools are four or more hours away from a DoD hospital or medical center and must refer their beneficiaries to civilian contract health care providers. This poses a major problem for IMSs and their family members covered by reciprocal agreements, which cover only

- care provided in DoD facilities. Special Conditions on the ITO will reflect financial responsibility for medical and dental care not covered by the agreement (IMETP, FMS case, IMS or foreign government).
- b. When the military member is under the clinical control of a DoD MTF and is referred to civilian health care providers for a supplemental outpatient service the DoD MTF pays.
 - c. When a family member is under the clinical control of a DoD MTF and is referred to civilian health care providers for a supplemental outpatient service it is the financial responsibility of the IMS, FMS case, foreign government, or TRICARE Standard (for NATO/PfP family members). Those covered by TRICARE Standard are responsible for the deductible and patient portion of the cost.
 - d. When a military or family member is an inpatient in a DoD hospital/medical center and is referred to civilian health care providers for supplemental services, the facility pays.
 - e. When there is no DoD treatment facility at a training installation health care is the financial responsibility of the IMS, foreign government, FMS Case or IMETP as applicable.
 - f. If the IMS wants to dispute coverage, the IMS should contact his/her Military Attaché. The Military Attaché can resolve the issue with the office of the ASD (HA).
2. Any care obtained from civilian health care providers by Non-NATO FMS IMSs and family members of both Non-NATO FMS and IMET IMSs is the financial responsibility of the IMS (Medical Insurance), FMS case or foreign government. IMSs must maintain the Medical Insurance for family members for the duration of their stay.
 3. Most states require physical examinations and immunizations before enrolling in public schools. IMSs should bring their family member's immunization records with them. Public school physical examination can be provided by DoD treatment facilities (where available). When the family member is covered by a reciprocal health care agreement or NATO/PfP SOFA there will be no charge for the examination or needed immunizations. All other physical examination and immunization will be provided on a space available reimbursable basis.
 4. ITOs continue to be marked erroneously.
 - a. It is very important that the family members are marked authorized and listed in item 15, Special Conditions. Failure to do so makes them ineligible for the Aeromedical Evacuation System.
 - b. NATO/PfP IMET IMS's ITOs are marked "Charges for inpatient care is chargeable to the IMETP. When the ITO is marked just IMET it states "Charges for outpatient and inpatient care are chargeable to the IMETP." This has led to outpatient charges in DoD MTFs to erroneously be charged to the IMETP.
 - c. Financial responsibility must be provided for care received from civilian source not covered by the SOFAs and/or reciprocal health care agreements.
 - d. ITOs stating that medical care is charged to the FMS case when there is no medical line or the case has been closed. Make sure that the FMS case has a medical line before marking the ITO. Not all cases from the same country have a medical line.
 5. To facilitate good medical treatment, IMSs should bring copies, preferably in English, of their medical records and those of their family members.